

## Appendix C

### Aerial Lift Daily Safety Inspection Checklist

**To be completed prior to each use**

Make: \_\_\_\_\_

ID Number: \_\_\_\_\_

Week Ending: \_\_\_\_\_

| Inspector Initial/Time   |      |      |       |      |        |      |      |
|--------------------------|------|------|-------|------|--------|------|------|
| ITEM                     | SUN. | MON. | TUES. | WED. | THURS. | FRI. | SAT. |
| 1. Check Load Charts     |      |      |       |      |        |      |      |
| 2. Capacity              |      |      |       |      |        |      |      |
| 3. Appearance            |      |      |       |      |        |      |      |
| 4. Hazard Warning Signal |      |      |       |      |        |      |      |
| 5. Brakes                |      |      |       |      |        |      |      |
| 6. Safety Chains         |      |      |       |      |        |      |      |
| 7. Tire Condition        |      |      |       |      |        |      |      |
| 8. Electrical            |      |      |       |      |        |      |      |
| 9. Baskets               |      |      |       |      |        |      |      |
| 10. Steering             |      |      |       |      |        |      |      |
| 11. Safety Override      |      |      |       |      |        |      |      |
| 12. Control Operation    |      |      |       |      |        |      |      |

Comments: \_\_\_\_\_

Superintendent \_\_\_\_\_

Please Print

Signature

Date/Time: \_\_\_\_\_